

507-4-NOL

MPCI NOTICE OF PP OR DAMAGE OR LOSS

AGENCY NAME & ADDRESS SPARTAN INSURANCE -SHELLENBARGER 2 806 BOTSFORD RD PETOSKEY, MI 49770	236133	PROFIT CENTER NAME & ADDRESS Peoria 1315 W. Commerce Drive Peoria, IL 61615-1462	22
Phone: (855) 347-1066	Fax: (231) 347-1067	Phone: (800) 345-1065	Fax: (309) 689-1055

GREATAMERICAN
INSURANCE COMPANY
Crop Insurance Division

CROP
YEAR 2019

INSURED NAME & ADDRESS NEW HEIGHTS FARM II, LLC 6241 RANSOM ST ZEELAND, MI 49464	POLICY NO. 2019-MI-084-1139526 CLAIM NO. 2019-1139526-01 HOME/OFFICE PHONE (616) 875-7880 MOBILE PHONE (616) 610-2886 EMAIL
Best time to contact insured: Contact Nick at 616-610-2886 or Stacy at 616-836-0273	

ADJUSTER NAME & PHONE JAMES BRINKMAN Phone: (989) 928-4712	SUPERVISOR NAME & PHONE JAMES BRINKMAN Phone: (989) 928-4712
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THIS IS A NOTICE OF:	POLICYHOLDER INTENTION:	
<input type="checkbox"/> PREVENTED PLANTING	<input type="checkbox"/> REPLANT	<input type="checkbox"/> PASTURE
<input type="checkbox"/> REPLANT (if replant on any unit is greater than 50 acres)	<input checked="" type="checkbox"/> TO HARVEST	<input type="checkbox"/> HAY
<input type="checkbox"/> REPLANT (SELF CERT.<50 ACRES)	<input type="checkbox"/> TO CHOP/SILAGE	<input type="checkbox"/> DIRECT MKT.CROP
<input checked="" type="checkbox"/> PROBABLE LOSS	<input type="checkbox"/> LEAVE FOR COVER	<input type="checkbox"/> DESTROY
<input type="checkbox"/> DAMAGE ONLY (appears production will exceed guarantee at this time)	<input type="checkbox"/> PLANT TO ANOTHER CROP	<input type="checkbox"/> OTHER (explain in Remarks)
<input type="checkbox"/> IMMEDIATE INSPECTION REQUESTED - Reason:	<input type="checkbox"/> UNKNOWN AT THIS TIME	

COUNTY	CROP	UNIT	ACRES	LEGAL DESCRIPTION / FSN	EST. / AC. PROD.	CAUSE OF LOSS	DATE OF DAMAGE	DATE OF NOTICE	DATE OF HARVEST
Hillsdale	Corn (41)	00010001	46.58	02-007S-004W / 02-007S-004W / 02-007S-004W**		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010001	591.08	01-001S-017W / 12-001S-017W / 25-001S-013W**		Excess Moisture/Precip	12/9/2019	12/9/2019	
Hillsdale	Corn (41)	00010002	0.00	35-006S-004W		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010002	538.40	01-002S-013W / 03-001S-016W / 04-001S-016W**		Excess Moisture/Precip	12/9/2019	12/9/2019	
Hillsdale	Corn (41)	00010003	297.53	04-007S-004W / 04-007S-004W / 11-007S-004W**		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010003	183.23	24-001S-013W / 24-001S-013W / 24-001S-013W**		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010004	34.08	26-001S-013W / 26-001S-013W		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010005	612.35	35-001S-013W / 36-001S-013W / 35-001S-013W**		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010006	192.04	17-002S-016W / 17-002S-016W / 27-002S-016W**		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010007	0.00	25-002S-015W		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010009	0.00	14-003S-016W / 23-003S-016W		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010010	268.51	01-003S-015W / 03-003S-015W / 22-003S-015W**		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010011	76.49	01-003S-014W / 29-003S-014W / 31-003S-014W**		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010013	63.12	16-004S-016W / 16-004S-016W		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010014	203.19	03-004S-015W / 03-004S-015W / 07-004S-015W**		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010015	573.52	01-004S-014W / 01-004S-014W / 02-004S-014W**		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010016	0.00	12-004S-013W		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010018	0.00	20-001S-016W / 20-001S-016W		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010020	100.69	14-002S-014W / 14-002S-014W / 15-002S-014W**		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010022	103.34	35-004S-016W / 36-004S-016W / 35-004S-016W**		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010024	46.21	19-001S-015W / 19-001S-015W / 19-001S-015W**		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010026	0.00	31-003S-014W / 31-003S-014W		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010027	0.00	16-004S-014W / 16-004S-014W		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010031	483.94	05-003S-016W / 24-002S-016W / 34-002S-015W**		Excess Moisture/Precip	12/9/2019	12/9/2019	
Van Buren	Corn (41)	00010032	109.43	08-002S-016W / 08-002S-016W / 24-002S-016W**		Excess Moisture/Precip	12/9/2019	12/9/2019	



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SPARTAN INSURANCE -MAIN 3
806 BOTSFORD RD
PETOSKEY, MI 49770

236132

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GREAT AMERICAN
INSURANCE COMPANY
Crop Insurance Division

**CROP
YEAR** 2019

INSURED NAME & ADDRESS
NEW HEIGHTS FARM II, LLC
6241 RANSOM ST
ZEELAND, MI 49464

POLICY NO. 2019-MI-084-1139527**CLAIM NO.** 2019-1139527-02**HOME/OFFICE PHONE** (616) 875-7880**MOBILE PHONE** (616) 610-2886**EMAIL****Best time to contact insured:** Contact Nick at 616-610-2886 or Stacy at 616-836-0273.**ADJUSTER NAME & PHONE**

SHARON SHOCK

Phone: (260) 341-4412

SUPERVISOR NAME & PHONE

SHARON SHOCK

Phone: (260) 341-4412

THIS IS A NOTICE OF:

- ☐ PREVENTED PLANTING
- ☐ REPLANT (if replant on any unit is greater than 50 acres)
- ☐ REPLANT (SELF CERT.<50 ACRES)
- ☒ PROBABLE LOSS
- ☐ DAMAGE ONLY (appears production will exceed guarantee at this time)
- ☐ IMMEDIATE INSPECTION REQUESTED - Reason:

POLICYHOLDER INTENTION:

- ☐ REPLANT
- ☒ TO HARVEST
- ☐ TO CHOP/SILAGE
- ☐ LEAVE FOR COVER
- ☐ PLANT TO ANOTHER CROP
- ☐ UNKNOWN AT THIS TIME
- ☐ PASTURE
- ☐ HAY
- ☐ DIRECT MKT.CROP
- ☐ DESTROY
- ☐ OTHER (explain in Remarks)

COUNTY	CROP	UNIT	ACRES	LEGAL DESCRIPTION / FSN	EST./ AC. PROD.	CAUSE OF LOSS	DATE OF DAMAGE	DATE OF NOTICE	DATE OF HARVEST
Washtenaw	Corn (41)	00010001	1189.65	01-003S-003E / 01-003S-003E / 01-003S-003E**		Excess Moisture/Precip	12/9/2019	12/9/2019	
Washtenaw	Corn (41)	00010002	0.00			Excess Moisture/Precip	12/9/2019	12/9/2019	

**** Unit has more legals. Please refer to APH or SOI forms for all legals.**

NOTE: Refer to Basic Provisions (BP) and the specific Crop Provisions (CP) for more details on notice requirements for acreage prevented from planting, and notice requirements for damage or loss requirements.

- If you have less than 100% share, is the other share insured under a Federal Crop insurance program? ☐ YES ☐ NO ☒ N/A

If "Yes" please list the person's name and insurance company (AIP) for which they carry Federal Crop insurance and the policy number if known.

Shareholder's Name

Insurance Company

Policy #

- I (the insured) am an agent, employee, or contractor affiliated with Federal Crop insurance and the policy number if known? ☐ YES ☒ NO

REMARKS / COMMENTS

NOL generated by CSHELLENBARGER and received by Great American on 12/9/2019 at 14:02:33
Insured has 1189.6 acres of corn left to harvest in Washtenaw County.

COMPANION POLICIES

Insured's Signature

Date Signed

Date of Notice



INSURED NAME & ADDRESS

NEW HEIGHTS FARM II, LLC

6241 RANSOM ST

ZEELAND, MI 49464

POLICY NO. 2019-MI-084-1139527**CLAIM NO.** 2019-1139527-02**HOME/OFFICE PHONE** (616) 875-7880**MOBILE PHONE** (616) 610-2886**Best time to contact insured:** Contact Nick at 616-610-2886 or Stacy at 616-836-0273.**GREAT AMERICAN**
INSURANCE COMPANY
Crop Insurance Division**CROP
YEAR** 2019**COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT**

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

Non-Discrimination Policy In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

To File a Program Complaint If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or email at program.intake@usda.gov. **Persons with Disabilities** Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email.

